

RPT. RPT. RPT. PAY'T

Sr. Citz.	RRH	RCH	LH	TA	523	524	RA-N	RA-E	Sec. 8

☐ Initial \$ \_\_\_\_\_

☐ Subsequent \$ \_\_\_\_\_

Borrower's Name & Address						Telephone No.	
Project Location				Project No.		Case No.	
County		State		County Office		Congressional District	
<b>INDIVIDUAL</b> <input type="checkbox"/> Profit <input type="checkbox"/> Ltd. Profit <input type="checkbox"/> Plan II Subsidized <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Section 8		<b>ORGANIZATION</b> <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Public Agency <input type="checkbox"/> Profit Corporation <input type="checkbox"/> Other <input type="checkbox"/> Plan I Subsidy <input type="checkbox"/> Plan II Subsidy <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Section 8		<b>NO. UNITS:</b> RA 5 yr. _____ RA 20 yr. _____ RA ____ yr. _____ Section 8 _____ Agreement Renewal _____ Date _____		<b>GRANT</b> ..... \$ _____ _____ % _____ years <b>DATES</b> Approved ..... Closed ..... FY Ends ..... <b>ANNUAL RES. REQ.</b> \$ _____	
No. Bdrms.	No. Units	RENTAL RATES	Basic	Market	Section 8	Util. allow	PAYMENT: <input type="checkbox"/> Monthly <input type="checkbox"/> Annual 1% ..... Full ..... SECTION 8 ..... (Amount of interest rate reduction ____%) AHEAD OF SCHEDULE ..... \$ _____ BEHIND SCHEDULE ..... \$ _____
0							
1							
2							
3							
4							
<b>TOTAL</b>			Util. Incl. <input type="checkbox"/> Yes <input type="checkbox"/> No				

PRESIDING OFFICIAL - GOVERNING BODY

ATTORNEY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

(FOLD LINE)

ARCHITECT (OR ENGINEER)

CONSTRUCTION CONTRACTOR (Name, Address &amp; Telephone)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Planned Development Completed \_\_\_\_\_

Date of Award \_\_\_\_\_ Amount \_\_\_\_\_

Date of Final Inspection \_\_\_\_\_

REPORTS	DUE DATE	DATE MADE
1. Compliance Review		
2. Inspection Report (C/S)		
3. Financial Statement		
4. Audit Report		
5. Operating Budget (FmHA 1930-7)		
6. Business Analysis (FmHA 1930-8)		
7. Minutes of Annual Meeting (NP)		
8. Annual-Analysis Reports to N.O.		
9. Other		
10.		

COMMENTS:

MONTHLY REPORTS -- YR.

January ( )	July ( )
February ( )	August ( )
March ( )	September ( )
April ( )	October ( )
May ( )	November ( )
June ( )	December ( )